

## Appendix 1

### VULNERABILITY ASSESSMENT CERTIFICATION



**Public Water System ID number:** \_\_\_\_\_

**System Name:** \_\_\_\_\_

**City where system is located:** \_\_\_\_\_

**State :** \_\_\_\_\_

**Printed Name of Person Authorized to Sign  
this Certification on behalf of the System:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address :** \_\_\_\_\_

**City:** \_\_\_\_\_

**State and ZIP Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I certify to the Administrator of the U.S. Environmental Protection Agency that this community water system has conducted a vulnerability assessment that complies with Section 1433(a)(1) of the Safe Drinking Water Act, as amended by the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188, Title IV— Drinking Water Security and Safety).

I further certify that this document and all attachments were prepared under my direction or supervision. I am aware that there are significant penalties for submitting false information (Safe Drinking Water Act (42 U.S.C. 300f *et seq.*)).

The vulnerability assessment this community water system conducted addresses the following components of my system (Check YES if the CWS has the element in its system; check N/A if the element is not applicable to the system.):

YES    N/A



<input type="checkbox"/>	<input type="checkbox"/>	pipes and constructed conveyances
<input type="checkbox"/>	<input type="checkbox"/>	physical barriers

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | water collection  |
| <input type="checkbox"/> | <input type="checkbox"/> | pretreatment  |
| <input type="checkbox"/> | <input type="checkbox"/> | treatment   |
| <input type="checkbox"/> | <input type="checkbox"/> | storage   |
| <input type="checkbox"/> | <input type="checkbox"/> | distribution facilities   |
| <input type="checkbox"/> | <input type="checkbox"/> | electronic, computer or other automated systems which are utilized by the public water system |
| <input type="checkbox"/> | <input type="checkbox"/> | the use, storage, or handling of various chemicals  |
| <input type="checkbox"/> | <input type="checkbox"/> | the operation and maintenance of such system  |

Other components in the CWS that were evaluated under this VA (list those applicable):



**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Primary contact person that EPA can call if there are questions about this Certification and VA submission:

Name: \_\_\_\_\_

Address (if different than that of the Authorized Representative): \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact Person:

Name: \_\_\_\_\_

Address (if different than that of the Authorized Representative): \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_